

APPLICATION FOR WEATHERIZATION ASSISTANCE

(Name of Agency)

Part 1 - Applicant Information (Please Print):

Applicant Name: _____

Telephone Number: _____

Applicant Address: _____

City

State

Zip

Race (Check One):

American Indian or Alaskan Native: _____; Asian or Pacific Islander _____;

Black (Non- Hispanic): _____; Hispanic: _____; or Caucasian: _____.

(This information is for data collection purposes only).

Number of children five (5) years old or younger at the time of application: _____

Part 2 - Housing Information (Please check as appropriate):

Type of Structure: Single Family ____ Owner Occupied ____ Rental ____

Public Housing: Private Multi-Unit ____ One Story ____ Two Story ____

Three Story ____ Split Level ____ Mobile Home ____

Exterior Type: Wood/Masonite ____ Aluminum/Steel/Vinyl ____ Stucco ____

Brick/Stone ____ None ____ or Other ____

Square Feet: _____

If you rent your dwelling unit, please provide the following landlord information:

Landlord Name: _____ Telephone Number: _____

Landlord Address: _____

City

State

Zip

Part 3A - Categorical Eligibility

Part 2 of 3

- Does any member of your household receive Supplemental Security Income (SSI) or cash assistance under the Families First Program: Yes ____ No _____. If "Yes", please attach any documentation of this income, and sign and date the statement in Part 4. You do not have to complete Part 3B.
- Adult Protective Service Referral? Yes_____ No_____
- Household with high energy burden? Yes_____ No_____
- Do you receive regular financial assistance for a disability? Yes_____No_____.
- Do you have a permanent disability? Yes____No_____.
- If you claim handicapped status, describe your disability in your own words. (Formal verification not required.)_____

Part 3B - Income Eligibility

If no member of your household receives income from the SSI or Families First Programs, please complete this part for all household members, and sign and date the statement in Part 4.

Income Documentation: Y / N

Name	SSN*	Birthday	Relation to Applicant	Monthly Income
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	\$ _____

Part 4 – Applicant Certification Statement

I certify that all of the information provided in this application for weatherization assistance is true and correct. I understand that any one who fraudulently covers up a material fact or who knowingly gives false information for the receipt of weatherization assistance is liable upon conviction to a fine of \$10,000 or imprisonment for not more than five years, or both. I authorize the verification of any and all information provided herein to determine my eligibility, and acknowledge that I have been informed of my appeal rights. I understand that I will be notified in writing of my eligibility status.

Part 3 of 3

Pursuant to federal law (5 United States Code 552(b)(6) and 10 Code of Federal Regulations 600.153(f)), identifying information provided by you for determination of your eligibility for Weatherization Assistance and for the provision of services from the program will be considered confidential and, unless otherwise authorized or required by law, will not be shared with any other persons or agencies except for purposes directly related to the administration of the Weatherization Program.

Applicant Signature

Date

***Services may not be delayed or denied due to a client's inability or refusal to provide a Social Security Number.**

FOR AGENCY USE ONLY

Are there any known plans for the government acquisition or clearance of dwelling unit:
Yes ____ No ____ (If "Yes", the TDHS is to be notified before any action is taken on the application.)

Total Annual Household Income Determined: \$_____ Categorically Eligible:
Yes ____ No ____

Application Status: Approved ____ Denied ____ Priority Points: _____

Signature of Intake Worker Date

Signature of Determining Official

Date